

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	2	2	2	2	2	TOTAL IND.	2	2	2	2	2	2
TOTAL DEP.	34	34	30	30	30	30	TOTAL DEP.	34	34	30	30	30	30
TOTAL CLAIMS	36	36	32	32	32	32	TOTAL CLAIMS	36	36	32	32	32	32